



Product Formulation Form

Complete this form for each individual organic product seeking certification. (Make copies of this form as needed.)

BUSINESS NAME: _____ CERTIFICATION NUMBER: _____ COUNTY _____ STATE _____

1. Product Name: _____
(Exactly as it appears on the label)

2. Product Composition: Check which labeling category this product meets.
☐ "100% organic" ☐ "organic" (95-100% organic ingredients) ☐ "made with organic (ingredients or food group(s))" ($\geq 70\%$ organic ingredients) ☐ $< 70\%$ organic ingredients

3. Complete the information for all ingredients (including water and salt) contained in this product.

Ingredient (Include Additives)	Supplier Please indicate both the non-certified supplier and the certified producer of the product, if applicable.	Certifying Agent	Organic ✓	Non-Organic ✓	Have you verified that the Non-Organic ingredient was not produced using any of the following? (✓)			Weight Please note the measuring unit used.	% of Finished Product	For Office Use Only
					GMOs	Sewage Sludge	Ionizing Radiation			

A. Weight of Organic Ingredients:	B. Total Weight of Formula: (Excluding water and salt)	C. Percent of Organic Ingredients: $(A \div B) \times 100$
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4. Processing Aids: Provide complete information about all processing aids used in the manufacturing of this product.

Processing Aid	Organic ✓	Non-Organic ✓	Is the processing aid on the National List (205.605)?	Manufacturer Name & Phone Number.	Application & Use.	For Office Use Only

Formulas are kept confidential and exempt from public inspection and copying
(RCW 15.86.110 and Uniform Trade Secrets Act, chapter 19.108 RCW.)